

2008 ELECTION CYCLE  
CPR - SS 01-01(b)

**CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Bryant W. Clark  
Address: 271 Clark Rd. Pickens, MS 39146 County Holmes  
Telephone (Work) 662-834-6133 (Home) 662-834-4074 (Fax) 662-834-6136  
Contact Name Bryant W. Clark Email Address bclark@bryantwclark.com  
Office Sought MS House Rep. - Dist 47 Political Party Democrat

☐ Check here if above is different from previous report

**TYPE OF REPORT**

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

**IMPORTANT**

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	1350.00 + \$ 935.00	\$ 2285.00	\$ 2285.00
Total amount of disbursements \$	\$500 + \$ 2486.00	\$ 2986.00	\$ 3486.00
Total amount of cash on hand \$		1035	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

Bryant Clark

Reporting period

Jan 1 2009

through

Dec 31, 2008

## ITEMIZED DISBURSEMENTS

A. Full name	<u>Holmes Co NAACP</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/04/08</u>	\$ <u>500</u>
City, State, Zip Code	<u>Exeter NH 39095</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	<u>Ad &amp; Sponsorship</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$



Page 3 of 3Name of Candidate or Committee Bryant Clark  
Reporting period Jan 1 2008 through Dec 31 2008

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS Assoc for Home Care</u>	<u>4/19/08</u>	\$ <u>500</u>
Mailing Address	<u>P.O. Box 1468</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Ridgeland MS 39158</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Abbott Lab Employee PAC</u>	<u>10/6/08</u>	\$ <u>300</u>
Mailing Address	<u>100 Abbott Park Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Abbott Park, IL 60064</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS Dental PAC</u>	<u>10/5/08</u>	\$ <u>300</u>
Mailing Address	<u>2630 Ridgewood Rd</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Jackson, MS 39216</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Wyeth Good Government Fund</u>	<u>8/20/08</u>	\$ <u>250.00</u>
Mailing Address	<u>100 Jim Star Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Newman, GA 30267</u>	<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>